



CLERK OF THE MARION CIRCUIT COURT

Accounting & Child Support Division
200 E Washington Street, W-123
Indianapolis, Indiana 46204
(p) 317.327.8090 Fax 317.327.4813
www.indy.gov/clerk

Payor Child Support Electronic Funds Transfer (EFT) Fact Sheet

New Account: You may have your child support deducted directly from your checking or savings account. To enroll, you must fill out the form called *Electronic Funds Transfer (EFT) Authorization Form*. Please complete this form and submit it to our office along with the following documentation:

1. Voided Check or Deposit Slip
2. Clear copy of your government issued picture ID

Change Account: If you already have an account, and want to change your savings or checking account number, you must fill out the form called *Electronic Funds Transfer (EFT) Change Form*. You must provide a copy of:

1. Voided Check or Deposit Slip
2. Clear copy of your government issued picture ID
3. Court order if applicable

*It is also the responsibility for the non-custodial parent to fill out a change form if there is a court order changing the amount of the child support payment. You must provide us with the copy of the new child support order.

Close Account: If you choose not to have your child support payment directly deducted from your savings or checking account, you must fill out the form called *Electronic Funds Transfer (EFT) Change Form*. You must also fill out this form if you have a court order to stop paying child support, or if your child has been emancipated. Your account will still be active until you close your account with our office. Your authorization will remain in effect with respect to entries processed by the Clerk prior to the receipt of cancellation; and if monies are distributed to the custodial parent, you will be responsible for repayment of these funds back to the Clerk's office. If you notify your bank to stop electronic funds transfers, but fail to notify the Clerk's office, you will be responsible to pay back all monies disbursed to the custodial party.

General Instructions:

You may submit your form in person, by fax, or by mailing it to our office at the following address:

Marion County Clerk
c/o Child Support EFT
200 E. Washington St, W123
Indianapolis, IN 46204

Please be sure to include a voided check or deposit slip and a clear copy of your government issued picture ID with your form. If you have any questions regarding EFT set up, change, or cancellation, you may contact Sheila Lang at 317-327-8090 or slang@indy.gov.

Please allow at least 14 business days for set up of EFT or changes made to your EFT account.



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Electronic Funds Transfer (EFT) Authorization Form

Name: _____ Social Security #: _____

Daytime Telephone #: _____ Custodial Parent's Name: _____

Address: _____
Street Address City State Zip

Name of Financial Institution: _____

Account Type: ☐ Checking ☐ Savings Deduction Amount: _____

Account #: _____ Routing #: _____

**Please present your identity verification documentation upon completing this form. If mailing this form, please include a clear copy of your verification documentation.

☐ Driver's License / State ID

☐ Federal ID

☐ Other _____

**Attach Voided Check or
Deposit Slip Here**

****Must include a voided check or deposit slip for set up.****

Payment Options:

☐ Weekly (on Friday) ☐ Bi-weekly (on Friday) ☐ Semi-Monthly (15th & last business day of month)

☐ 1st day of the month ☐ 10th day of the month ☐ 20th day of the month ☐ 30th of the month

Please Note: If the designated payment date falls on a weekend or holiday, the deduction will be effective the next business day. Deductions will not begin for at least 15 days after this authorization form is received.

I fully understand and agree that this authorization will remain in effect until I send my written cancellation notice to the Marion County Clerk. In no case can my cancellation be effective with respect to entries processed by the Clerk prior to the receipt of cancellation notification. I understand that if I fail to cancel my authorization, and monies are distributed to the custodial-party, I am responsible for the repayment of these funds back to the Clerk's office. I also understand it is my responsibility to provide the Clerk's office with updated court orders as they become in effect.

Signature: _____ Date: _____